

RF ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 6 -

Remarks

Reconsideration of the application is respectfully requested. Claims 1-8, 10 were rejected under Section 103 as
5 being obvious over the Buyukkokten article in view of Gueramy. This rejection is respectfully traversed. No new matter has been added to the amended claims.

To summarize the present invention, it is an effective method for navigating in a PDA computer device that
10 contains medical information of plug-in modules. An important feature is that the medical plug-in modules are in the PDA so there is no need to entirely rely on outside sources such as proxy servers. The user may jump directly from a first bookmark associated with text in a first plug-in module in the
15 PDA to a second bookmark associated with text in a second plug-in module without restarting the second plug-in module. While in the bookmark mode, the user may also switch from the first module to the second module. The ease of moving between different modules and bookmarks without relying on an external
20 proxy computer is an important feature of the handheld PDA computer device of the present invention.

It is submitted that none of the cited references teaches or suggests all the features of the invention as claimed in the amended claim 1.

25 Buyukkokten merely discloses a PDA that does the processing on a proxy server. The server only sends a small

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 7 -

fraction of downloaded pages to the PDA. In left paragraphs 4 and 5 on page 432, Buyukkokten explains that only the link descriptions (that are embedded in URLs) are sent to the PDA, as shown in Fig. 3 so that the actual pages are not sent to the PDA only the links. Buyukkokten recognizes that PDAs have limited capabilities such as low bandwidth, small display and slow CPU etc. (see abstract and left paragraphs 4-5 and right paragraphs 1-4 on page 430). Buyukkokten particularly explains the problems of using a small screen when web browsing and how this is holding back the success rate of PDAs. In the left paragraph 1 on page 431 Buyukkokten further explains that display processing should be performed outside the PDA since the PDA processor has the power of a desktop computer from the mid-1980s. The main feature of Buyukkokten's PDA is therefore to link the PDA to a proxy server by a wireless modem (see Fig. 1 on page 431) so that the downloading and processing may be done faster. In other words, Buyukkokten is teaching away from doing the downloading directly from the PDA and processing information of medical plug-in modules in the PDA itself.

The Examiner correctly states on page 5 of the Office action that Buyukkokten does not teach a handheld computing device that has a first medical plug-in module and a second medical plug-in module. The Examiner then suggests that Gueramy teaches the required handheld computing device that has the two medical plug-in modules by referring to

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 8 -

paragraphs [0022-0023] of Gueramy. The Examiner interprets the "patient record system" as being the first medical plug-in module and the related medical information as being the second medical plug-in module. Applicant respectfully disagrees with
5 this interpretation and that it would be obvious to combine Buyukkikten with Gueramy to arrive at the claimed invention of the amended claim 1.

It is submitted that it would not be obvious to modify Buyukkikten's PDA to include two medical plug-in
10 modules since he expressly teaches away from relying on the processing power of PDAs. In other words, it would be contrary to the teachings of Buyukkikten to modify his handheld device to include the first and second plug-in medical modules since his main idea is to use the outside
15 proxy server for the processing. Any such modification would rely on the mid-1980's processing power of the PDA. This would slow down the processing of his PDA. The proposed modification is exactly what Buyukkikten wants to avoid. As indicated above, the whole idea behind Buyukkikten's invention
20 is to use the proxy server due to its superior performance.

Applicant fails to see why a person of ordinary skill in the art would look to Buyukkikten and the other cited references to learn about these features when they are either completely missing would make the invention perform worse.

25 It has long been held that for a modification to be obvious, the references must explicitly teach or suggest the

RF ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 9 -

required step to motivate the artisan to make the required modifications. In re Fine 5 USPQ.2d (Fed. Cir. 1988), the court ruled (on page 1944) that there must be a motivation for the required modification to be obvious. In Winner
5 International Royalty Corp. v. Wing 48 USPQ.2d 1139, the court ruled (on page 1144) that there must have been some explicit teaching or suggestion in the art to motivate one of ordinary skill in the art to make the required modifications.

Applicant submits that Buyukkokten and the other
10 cited references completely lack the teaching or suggestion to motivate the artisan to make the required modifications. For example, it would not be obvious for an artisan to review Buyukkokten and the other cited references and be motivated to modify Buyukkokten's PDA to include the two medical plug-in
15 modules on his PDA since he expressly teaches away from using the poor processing power of PDAs. Instead his invention relies on the processing power of an outside proxy server. It is submitted that the proposed modification would be contrary to the essence of Buyukkokten's invention since it would slow
20 down the processing.

On page 4 of the Office action, the Examiner states that Buyukkokten discloses the user can jump to a sibling page with a single action. This may be true but that is not what the amended claim 1 requires. Claim 1 requires among other
25 things, the steps of selecting the first and second medial modules and marking a first information segment in the first

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 10 -

module as a first bookmark and marking a second information in
the second module as a second bookmark then while in the
bookmark module moving directly from the first bookmark (first
information segment in the first module) to the second
5 bookmark (second information segment in the second module)
without restarting the second module.

Buyukkokten fails to teach or suggest these
features. Firstly as indicated above, Buyukkokten's PDA does
not have any first and second plug-in medical modules in the
10 PDA. Secondly, Buyukkokten fails to teach or suggest the step
of moving directly between a first information segment of a
first bookmark of a first module and a second information
segment of a second bookmark of a second module. Buyukkokten
merely allows the user to jump directly to a sibling page when
15 it is pointed to by the same parent page (left paragraph 4,
page 435). For example, it is not possible in Buyukkokten's
PDA to mark any text let alone to directly jump from one
marked text segment (associated with a first bookmark) in a
first plug-in module on the PDA to a second marked text
20 segment (associated with a second bookmark) in a second plug-
in module on the PDA. In other words, the user can merely
jump between sibling pages not between segments marked by the
user in two different modules.

Gueramy does not cure these deficiencies. Gueramy
25 is merely disclosing a patient record system to be used in a
conventional computer system and he has not considered the

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 11 -

special problems associated with the small screens and poor processing power of PDAs. In Fig. 1, Gueramy shows a full-sized computer screen 10 and a desktop computer 14. All the details of the screen shown in Fig. 2 is another indication that Gueramy's multimedia computerized patient record system is only intended to be used in a conventional computer system that has a full-sized screen. It is submitted that Gueramy does not teach or suggest using his system on PDAs since his elaborate patient record system would not fit on the screens of PDAs. It is also submitted that he does not teach or suggest using medical plug-in modules in PDAs. His system merely customizes the views to different medical professionals. In paragraph [0005] he states not every physician wants to view all available medical information. Therefore, he has developed customized user interface based on specialization of particular physician practice (see paragraph [0007]). In other words, he is using expert plug-in systems. In paragraph [0023] Gueramy explains that, for example, a neurosurgeon is provided a specific password for proper access verification that indicates that his password does not provide access to information of other expert plug-ins not related to neurosurgery. To reduce the amount of information provided to medical professionals, Gueramy teaches that it is not desirable to provide all information to the medical professionals by, for example, enabling the user to jump directly from one expert module to another expert module.

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 12 -

The Examiner states that Gueramy, in paragraphs [0022-0023], discloses a patient record system that is designed to display patient information (first medical module) and related medical information (second medical module). This
5 may be true but it is not what the amended claim 1 requires.

As the Examiner correctly stated on page 5 of the Office action of 19 July 2006, Gueramy does not disclose the steps of providing a display displaying the module menu and selecting the first medical module from the module menu and
10 selecting the second medical module.

It is submitted that Gueramy and the other cited references fail to teach or suggest the step of displaying the module menu and selecting the first and second medical modules stored in the handheld PDA computer device. Firstly, Gueramy
15 fails to teach or suggest using his system on a PDA computing device, as indicated above. Secondly, Gueramy fails to teach or suggest displaying a module menu associated with the medical plug-in modules. Thirdly, Gueramy fails to teach or suggest selecting both the first and second medical modules.

20 It is submitted that Gueramy is even teaching away from allowing the user to have access to two different expert plug-ins at the same time since he is customizing the interface and wants to limit the information shown to, for example, a neurosurgeon so that the surgeon does not have to see and
25 consider information that is not related to surgery.

Applicant fails to see why and how an artisan would

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 13 -

combine the cited references, as suggested, to learn about all the limitations of the amended claim when the proposed combination is not taught or suggested. Even if Buyukkokten is combined with Gueramy (which is not taught or suggested) to include Gueramy's patient information (module 1) and related medical information (module 2) all the limitations of the amended claim 1 are not met. For example, Gueramy's "modules" are not associated with a module menu and there is no suggestion that it is possible to mark text in both the patient information and the related medical information and jump directly between the texts of the two modules while in the bookmark module.

Buyukkokten also fails to teach the step of moving directly from the first bookmark of the first module on the PDA to the second bookmark of the second module on the PDA since Buyukkokten does not have the required first and second modules on his PDA.

It is therefore submitted that it would not be obvious to combine the references and even if the references are combined all the limitations of the amended claim 1 are not met.

It is submitted that none of the cited references teaches or suggests:

- 1) Providing a handheld PDA computer device that has first and second medical plug-in modules in the PDA,
- 2) Associating the first and second medical modules

RE ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 14 -

with a menu module on the PDA,

3) Selecting both the first and second medical modules from the module menu on the PDA,

4) Marking a first information segment of the first medical module as a first bookmark on the PDA,

5) Marking a second information segment of the second medical module as a second bookmark on the PDA, and

6) While in the bookmark module, moving directly from the first bookmark of the first module on the PDA to the second bookmark on the second module of the PDA without restarting the second module.

It submitted that the cited references would require substantial modifications that are not taught or suggested, to meet the requirements of the amended claim 1. In view of the above, it is submitted that the amended claim 1 is allowable.

Claims 2-8 and 10 are submitted to be allowable because they depend upon the allowable base claim 1 and because each claim includes limitations that are not taught or suggested in the cited references.

Claim 9 was rejected under Section 103 as being obvious over Buyukkokten in view of Gueramy and further in view of DeRose. This rejection is respectfully traversed.

Claim 9 is submitted to be allowable because it depends upon the allowable base claim 1 and because the claim includes limitations that are not taught or suggested in the

RF ATTORNEY DOCKET NO. 328.836USN 5/10/07 - 15 -

cited references.

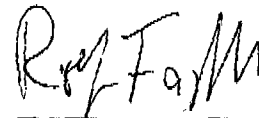
The new claim 11 is submitted to be allowable because it depends upon the allowable base claim 1 and because the claim includes limitations that are not taught or suggested in the cited references. No new matter has been added to claim 11.

The application is now submitted to be in condition for allowance, and such action is respectfully requested.

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Respectfully submitted,

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